

FILED

## UNITED STATES DISTRICT COURT

for the

Eastern District of Virginia

2022 OCT 14 A 10:42

Alexandria DivisionAvery Lee Johnson

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint.  
 If the names of all the plaintiffs cannot fit in the space above,  
 please write "see attached" in the space and attach an additional  
 page with the full list of names.)

-v-

Caliber Collision

Defendant(s)

(Write the full name of each defendant who is being sued. If the  
 names of all the defendants cannot fit in the space above, please  
 write "see attached" in the space and attach an additional page  
 with the full list of names.)

Case No.

1:22-cv-1156

(to be filled in by the Clerk's Office)

Jury Trial: (check one)

 Yes No

## COMPLAINT FOR EMPLOYMENT DISCRIMINATION

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Avery Lee Johnson

Street Address

228 Morse Lane

City and County

Arlington, Virginia

State and Zip Code

Virginia 22202

Telephone Number

(310) 270-1943

E-mail Address

vaaggin@gmail.com

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

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Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

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## Defendant No. 1

Name Caliber Collision  
Job or Title (*if known*)  
Street Address 4072 S. Four Mile Run Dr.  
City and County Arlington  
State and Zip Code Virginia 22206  
Telephone Number (703) 671-3953  
E-mail Address (*if known*) \_\_\_\_\_

## Defendant No. 2

Name \_\_\_\_\_  
Job or Title (*if known*) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City and County \_\_\_\_\_  
State and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-mail Address (*if known*) \_\_\_\_\_

## Defendant No. 3

Name \_\_\_\_\_  
Job or Title (*if known*) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City and County \_\_\_\_\_  
State and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-mail Address (*if known*) \_\_\_\_\_

## Defendant No. 4

Name \_\_\_\_\_  
Job or Title (*if known*) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City and County \_\_\_\_\_  
State and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-mail Address (*if known*) \_\_\_\_\_

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is

Name	<u>Caliber Collision</u>
Street Address	<u>4072 S. Four Mile Run Dr.</u>
City and County	<u>Arlington</u>
State and Zip Code	<u>Virginia 22206</u>
Telephone Number	<u>(703) 9671-3953</u>

**II. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to (*check all that apply*):



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Other federal law (*specify the federal law*):



Relevant state law (*specify, if known*):



Relevant city or county law (*specify, if known*):

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

**A. The discriminatory conduct of which I complain in this action includes (check all that apply):**

<input type="checkbox"/>	Failure to hire me.
<input checked="" type="checkbox"/>	Termination of my employment.
<input type="checkbox"/>	Failure to promote me.
<input type="checkbox"/>	Failure to accommodate my disability.
<input type="checkbox"/>	Unequal terms and conditions of my employment.
<input checked="" type="checkbox"/>	Retaliation.
<input type="checkbox"/>	Other acts (specify): _____

- Failure to hire me.
- Termination of my employment.
- Failure to promote me.
- Failure to accommodate my disability.
- Unequal terms and conditions of my employment.
- Retaliation.
- Other acts (specify): \_\_\_\_\_

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

**B. It is my best recollection that the alleged discriminatory acts occurred on date(s)**

December 18, 2017

**C. I believe that defendant(s) (check one):**

<input type="checkbox"/>	is/are still committing these acts against me.
<input checked="" type="checkbox"/>	is/are not still committing these acts against me.

**D. Defendant(s) discriminated against me based on my (check all that apply and explain):**

<input checked="" type="checkbox"/>	race
<input type="checkbox"/>	color
<input type="checkbox"/>	gender/sex
<input type="checkbox"/>	religion
<input type="checkbox"/>	national origin
<input type="checkbox"/>	age (year of birth) _____
<input type="checkbox"/>	disability or perceived disability (specify disability) _____

- race \_\_\_\_\_
- color \_\_\_\_\_
- gender/sex \_\_\_\_\_
- religion \_\_\_\_\_
- national origin \_\_\_\_\_
- age (year of birth) \_\_\_\_\_ *(only when asserting a claim of age discrimination.)*
- disability or perceived disability (specify disability) \_\_\_\_\_

**E. The facts of my case are as follows. Attach additional pages if needed.**

## #1 Termination of Employment

On or about December 18<sup>th</sup>, 2017. I Avery Johnson had my employment terminated for contacting Human Resources.

## # 2 Retaliation

On or about December 18<sup>th</sup>, 2017. I Avery Johnson had been retaliated against by termination of employment. For having contacted Human Resources.

Case 1:22-cv-01156-RDA-JFA Document 1 Filed 10/14/22 Page 6 of 10 Page ID # 6 PS-4

E. On or about December 1st, 2017. A Avery Johnson was terminated from Caliber Collision. The grounds for termination was for performance issues. A Avery Johnson contacted Human Resources a week prior to termination. my complaint was for unfair split of work load between me and fellow co-workers.

*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

#### IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

January 18<sup>th</sup>, 2018

- B. The Equal Employment Opportunity Commission (check one):



has not issued a Notice of Right to Sue letter.

issued a Notice of Right to Sue letter, which I received on (date)

July 15, 2022

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):



60 days or more have elapsed.

less than 60 days have elapsed.

#### V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

V. Relief

By my being terminated my reputation as a Painter has been affected.

Through my future hiring, I've experienced backlash for exercising my rights. Through my financial losses, my family has been in troubled situations from employment gaps. I lost 60 hrs of vacation pay from Caliber Collision.

## VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: October 13<sup>th</sup>, 2022

Signature of Plaintiff



Printed Name of Plaintiff

AVERY LEE JOHNSON

### B. For Attorneys

Date of signing: \_\_\_\_\_

Signature of Attorney

\_\_\_\_\_

Printed Name of Attorney

\_\_\_\_\_

Bar Number

\_\_\_\_\_

Name of Law Firm

\_\_\_\_\_

Street Address

\_\_\_\_\_

State and Zip Code

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

E-mail Address

\_\_\_\_\_

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF VIRGINIA  
Alexandria DIVISION

Avery Lee Johnson  
Plaintiff(s),

v.

Civil Action Number: 1:22-cv-1156

Caliber Collision  
Defendant(s).

**LOCAL RULE 83.1(M) CERTIFICATION**

I declare under penalty of perjury that:

No attorney has prepared, or assisted in the preparation of Complaint for Employment Discrimination  
(Title of Document)

AVERY LEE JOHNSON

Name of Pro Se Party (Print or Type)

Avery Lee Johnson  
Signature of Pro Se Party

Executed on: October 14<sup>th</sup>, 2022 (Date)

OR

The following attorney(s) prepared or assisted me in preparation of \_\_\_\_\_.  
(Title of Document)

\_\_\_\_\_  
(Name of Attorney)

\_\_\_\_\_  
(Address of Attorney)

\_\_\_\_\_  
(Telephone Number of Attorney)

Prepared, or assisted in the preparation of, this document

\_\_\_\_\_  
(Name of Pro Se Party (Print or Type))

\_\_\_\_\_  
Signature of Pro Se Party

Executed on: \_\_\_\_\_ (Date)